

all three leasts for Yes No 🔀	a spouse or dependent child because they meet	erned" income, or liabilities of Committee on Ethics.	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
ave you excluded Yea 🔲 No 🔀	other "excepted trusts" need not be disclosed. He	nmittee on Ethics and certain spendent child?	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
OF THESE QUESTIONS		UST INFORMATIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u>
"COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ORRESPONDING SO	ATTACH THE C THIS FORM INCLUDES ON
\$5,000 from a Yes No No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	No C	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
rrangement with an Yes No K	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Tas No.	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
the reporting the No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Ves No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?
	QUESTIONS		PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Check if Amendment	Minnesota 1 ber 6, 2018	New Member of or Candidate for State: M; U.S. House of Representatives District: Candidates – Date of Election: Novice by
2019 MAR 14 PM 4: 35	hone: 225-2472	Daytime Telephone:_	Name: James Hanedorn
Page 1 of	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

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						1										Other Type of Income (Specify: e.g., Partnership Income or Farm Income)						
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	<u>L.</u>			l	1		l								I	Spouse/DC Income over \$1,000,000*	¥					

	SCHEDULE A - ASSETS & "UNEARNED INCOME"
Name:	
Pageof	

SCHEDULE C - EARNED INCOME

Name:	
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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's epouse, list the source and amount of any honoraria. List only the source for other spouse samed income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
or and proceed the second and the se

INCOME LIMITS an Members and emplo professional services	INCOME LIMITS and PROMIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	d income may apply to you after you she you after you she will be \$28,050. In addition, certainior staff.	u are on House payroli. The 2017 in types of income (notably honoral	I limit on outside earned income for ta, director's fees, and payments for
		•	Am	Amount
-	Source (include date of receipt for honoraria)	iype	Current Year to Filing	Preceding Year
	ABC Trade Association, Bullimore, MD (July 15)	Honorahan	\$0	\$500
Examples:	State of Maryland Civil War Roundfalde (Oct. 2)	Spouse Speech	\$20,000	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A	NA.
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	19 19 19 19 19 11			

SCHEDULE D - LIABILITIES

	Name:
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

				DC.JT		
			Example			
			Fast Bank of Wilmington, OE	Creditor		
			5/90	Date Liability Incurred MO/YR		
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	60	
				\$50,001- \$100,000	6	
			×	\$100,001- \$250,000	6	
				\$250,001- \$500,000	ţ	moun
				\$500,001- \$1,000,000	791	Amount of Liability
				\$1,000,001- \$5,000,000	6	ability
				\$5,000,001- \$25,000,000	22	
				\$25,000,001- \$50,000,000	-	
				Over \$50,000,000	٠.	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any refigious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting

			Position	period and the current calendar year. First-year candidat
			Name of Organization	period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

SCHEDULE F - AGREEMENTS

	Name:
	Page c
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	
continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	
employer.	

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. covernment and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Sovernment at	nd any imormation considered confidential as a result of	доментинент апо вну инолизации сользовие силионным в в гезин от в ргинедественную постарыем, по постарыем плотивации выстарыем.
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services

FILER NOTES (Optional)

Name: Page

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FILER NOTES (Optional)

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